

## Influenza A (H1N1) 2009 Monovalent Vaccines

**TABLE. Influenza A (H1N1) 2009 monovalent vaccines approved for use in the United States, October 6, 2009**

Vaccine type	Manufacturer	Presentation	Mercury content ( $\mu\text{g}$ Hg/0.5 mL dose)	Age group	No. of doses	Route
Inactivated*	Sanofi Pasteur	0.25 mL prefilled syringe	0	6--35 mos	2 <sup>†</sup>	Intramuscular <sup>§</sup>
		0.5 mL prefilled syringe	0	$\geq 36$ mos	1 or 2 <sup>†</sup>	Intramuscular
		5.0 mL multidose vial	25.0	$\geq 6$ mos	1 or 2 <sup>†</sup>	Intramuscular
Inactivated*	Novartis Vaccines and Diagnostics Limited	5.0 mL multidose vial	25.0	$\geq 4$ yrs	1 or 2 <sup>†</sup>	Intramuscular
		0.5 mL pre-filled syringe	<1.0	$\geq 4$ yrs	1 or 2 <sup>†</sup>	Intramuscular
Inactivated*	CSL Limited	0.5 mL prefilled syringe	0	$\geq 18$ yrs	1	Intramuscular
		5.0 mL multidose vial	24.5	$\geq 18$ yrs	1	Intramuscular
LAIV <sup>¶</sup>	MedImmune LLC	0.2--mL sprayer**	0	2--49 yrs	1 or 2 <sup>††</sup>	Intranasal

\* A 0.5-mL dose contains 15  $\mu\text{g}$  hemagglutinin of A/California/7/2009 (H1N1)pdm.

<sup>†</sup> Two doses administered approximately 4 weeks apart ( $\geq 21$  days acceptable) are recommended for children aged 6 months--9 years.

<sup>§</sup> The preferred site for infants and young children is the anterolateral aspect of the thigh.

<sup>¶</sup> Live attenuated influenza vaccine. A 0.2-mL dose contains  $10^{6.5-7.5}$  fluorescent focal units of live attenuated influenza virus reassortants of A/California/7/2009 (H1N1)pdm.

\*\* Influenza A (H1N1) 2009 LAIV is shipped refrigerated and stored in the refrigerator at 36°F--46°F (2°C--8°C) after arrival in the immunization clinic. The dose is 0.2 mL divided equally between each nostril. LAIV should not be administered to persons with asthma. Health-care providers should consult the medical record, when available, to identify children aged 2--4 years with asthma or recurrent wheezing that might indicate asthma. In addition, to identify children who might be at greater risk for asthma and possibly at increased risk for wheezing after receiving LAIV, parents or caregivers of children aged 2--4 years should be asked: "In the past 12 months, has a health-care provider ever told you that your child had wheezing or asthma?" Children whose parents or caregivers answer "yes" to this question and children who have asthma or who had a wheezing episode noted in the medical record during the preceding 12 months should not receive LAIV.

<sup>††</sup> Two doses administered approximately 4 weeks apart are recommended for children aged 2--9 years.